



Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: ( ) \_\_\_\_\_

City: \_\_\_\_\_ DWC #: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Organization (if any): \_\_\_\_\_

(1) Please describe your complaint in the space provided,  
(2) Print the form, and  
(3) Email to [OIECComplaint@oiec.texas.gov](mailto:OIECComplaint@oiec.texas.gov), or submit the printed form to:  
**OIEC, 1601 Congress Ave., Austin, TX 78701**

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Date Received: \_\_\_\_\_ Date Action Taken: \_\_\_\_\_

Form Admin-09 (rev. 05/2023)